



HARRIS COUNTY, TEXAS

APPLICATION FOR EMPLOYMENT

Please send your Application via E-mail to:

JobApps@bmd.hctx.net

Job Hotline (713) 755-5044
Office (713) 755-5250

Internet Address:
www.harriscountytexas.gov/hrrm

Please read the following before completing application.

Applicants are considered without regard to race, color, religion, sex, national origin, age or disability. Applications must be filled out completely, ALL questions must be answered. A resume may accompany the application; however, **CONSIDERATION FOR ANY POSITION IS BASED ONLY ON INFORMATION PROVIDED ON THE APPLICATION**. Please type or print clearly (black or blue ink).

First Name	Middle Name	Last Name	Social Security Number (Last 4 digits)
			XXX - XX -
Other Names (List any other names used if different from above)			Phone Number
Current Address (Number/Street/City/State/Zip Code)			Alternate Number
E-mail Address:			Are you between 18-20 years old?
			Are you at least 21 years old?
Are you authorized to work in the United States? YES NO			

Please provide Job Announcement Number and Job Title for the position for which you wish to apply.

<u>Job/Announcement Number</u>	<u>Job Title</u>
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Date you can start: _____

REFERRED BY: _____

NOTE: For positions that require the "Clerical Skills Test" the applicant must take the test **FIRST**, before submitting the application. An application is not required to take the test. Test scores are valid for 6 months. ([See application instructions for testing dates and times.](#))

EDUCATION		
High School Name:	City/State	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> Diploma <input type="checkbox"/> GED
		NO Last Grade Completed:
Advanced Studies (Technical School, College, University Etc.):	City/State	Type of Diploma / Degree / Certificate & Year Completed:
Major:	Minor:	Undergraduate Hours:
Graduate Studies:	Graduate Hours:	*Transcripts may be required.

FOR OFFICE USE ONLY

TEST SCORES	DATE: _____	*ORAL BILINGUAL	_____ PASS	_____ NOT PASS
TYPING SPEED: _____ WPM	ACCURACY _____ %	*WRITTEN BILINGUAL	_____ PASS	_____ NOT PASS
CLERICAL SKILLS: _____ % OVERALL		*READING COMPREHENSION	_____ PASS	_____ NOT PASS

GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.			YES	NO
1. Are you now working for or have you previously worked for Harris County? If yes, under what name?				
2. Do you or does your spouse have any relatives presently working for or holding office in Harris County government? If yes, please list the name(s), relationship and the department in which employed.				
3. Are you aware of any reason which would keep you from being bonded? If yes, describe.				
4. Are you licensed to operate a motor vehicle? If Yes, Driver's License No. _____ State: _____ Class: _____ Expiration Date: _____ If No, Identification No. _____ D.L. Endorsement, if any: _____				
5. Are you willing to work the hours assigned?				
6. Have you ever been convicted for a crime? (Exclude convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed). If YES, please use the space below to briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. Harris County will not deny employment to any applicant solely because the person has been convicted of a crime. The County, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied.				
7. Other language(s) fluently Spoken:			Read: _____ Write: _____	
8. Machine and equipment skills:	9. Typing/WPM	10. PC software applications:		
11. Special qualifications and skills: (Use this space to indicate any, skills, licenses, or certifications, etc.; which in your opinion would qualify you for the position you seek.)				

EMPLOYMENT HISTORY

Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time	
Reason For Leaving:		May we contact this employer? YES NO			Part Time
		Phone Number:			Temporary
Duties:					

Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time	
Reason For Leaving:		May we contact this employer? YES NO			Part Time
		Phone Number:			Temporary
Duties:					

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From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time
Reason For Leaving:		May we contact this employer? YES NO		Part Time
		Phone Number:		Temporary
Duties:				

* For additional employment history or "volunteer work" information, please use the "Supplemental or Volunteer Information Sheet" and attach to this form.

REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted

By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Harris County with any and all records pertaining to me that have been kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date of request for information by Harris County. The information obtained may be used by Harris County in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employers will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Harris County, I will be required to pass a drug test as a condition of employment.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.

DATE: _____

APPLICANT'S SIGNATURE : _____

By typing my name above I accept I am signing this application